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DECLARATION

☒ Declaration
Submitted
With Initial FilingOR ☐ Declaration
Submitted after
Initial FilingAttorney Docket
Number

10830/40

First Named
Inventor

Carl L. Knepper et al.

COMPLETE IF KNOWN

Application Number

Not Yet Assigned

Filing Date

Herewith

Group Art Unit

Not Yet Assigned

Examiner Name

Not Yet Assigned

As below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ROBOTIC PARISON HANDLING METHOD AND APPARATUS

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION

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I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name	Brinks Hofer Gilson & Lione	Payor Number (if applicable)	27879
Name	Registration Number	Name	Registration Number
A. James Richardson	26,983		
Lawrence A. Steward	32,309		
David H. Badger	22,597		
Dean E. McConnell	44,916		
Sanders N. Hillis	45,712		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

<input checked="" type="checkbox"/> Please direct all correspondence to:	Name	A. James Richardson			
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Address	One Indiana Square, Suite 2425				
City	Indianapolis	State	Indiana	ZIP	46204-2033
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name	Carl	Middle Initial	L.	Family Name	Knepper	Suffix	
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City	Troy	State	OH	ZIP	45373	Country	USA
				Applicant Authority			

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
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							Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name		Middle Initial		Family Name			Suffix			
Inventor's Signature					Date					
RESIDENCE: City				State			Country			
POST OFFICE ADDRESS										
City		State			ZIP			Country		
							Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name		Middle Initial		Family Name			Suffix			
Inventor's Signature					Date					
RESIDENCE: City				State			Country			
POST OFFICE ADDRESS										
City		State			ZIP			Country		
							Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
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Inventor's Signature					Date					
RESIDENCE: City				State			Country			
POST OFFICE ADDRESS										
City		State			ZIP			Country		
							Applicant Authority			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor.						
Given Name		Middle Initial		Family Name			Suffix			
Inventor's Signature					Date					
RESIDENCE: City				State			Country			
POST OFFICE ADDRESS										
City		State			ZIP			Country		
							Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.										